CHS Personal Day Form

This form must be completed in order for students to use one of their allotted 5 personal days for the school year. This form must be turned into the attendance office 7 days prior to the 1st absent date listed on this form.

DATE: ________________________________________________

STUDENT NAME:_______________________________________

DATE(S) ABSENT:_____________________________________

REASON FOR ABSENCE:_________________________________

______________________________________________________

______________________________________________________

Parent Signature:_______________________________________

Student Signature:______________________________________

*Personal days will count towards a student’s total absences for the school year. Once a student reaches 10 total absences, they will be placed on the Doctor’s Note List, per CS Policy 6.20